

OBSERVATIONS  
ON THE  
ILLUSIONS OF THE INSANE,  
AND ON THE  
MEDICO - LEGAL QUESTION  
OF THEIR  
CONFINEMENT.

TRANSLATED FROM THE FRENCH OF

M. ESQUIROL,

MEDICIN EN CHEF DE LA MAISON ROYALE DE CHARENTON,  
MEMBRE DU CONSEIL DE SALUBRITE, &c, &c. &c.

BY

WILLIAM LIDDELL,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, &c.

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## PREFACE.

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THE high esteem in which Esquirol has long been held, has induced me to lay before the English Reader a Translation of his Observations on the Illusions and Confinement of the Insane.

The opportunities which he has had of gaining a practical knowledge of Insanity, have been greater perhaps than those of any other physician in Europe; and that he has profited by them, the valuable articles which he has written in the "*Dictionnaire des Sciences Médicales, &c.*" on the different varieties of Mental Derangement abundantly testify.

The objection which Esquirol has raised against the existing law in France, with regard to the Insane, "that it has in view rather the maintenance of public order and the preservation of the fortune of the

Insane, than their restoration or liberty," may be also urged against our own. The Act of August, 1832, "*For regulating the care and treatment of Insane Persons in England,*" provides that no persons shall be received into a house, licensed for the reception of two or more insane persons, without an order and medical certificate, a copy of which order and certificate shall be transmitted to the Clerk of the Metropolitan Commissioners, or to the Clerk of the Peace, within two days after the patient's admission. But when a patient is received into a private house, the return of those documents is not required until the expiration of twelve calendar months; during the whole of which period a person may be deprived of his liberty, without the knowledge of the Commissioners.

Another and more serious objection to the last act, as well as to those which preceded it, consists in the numerous and vexatious obstacles which it interposes to the admission of insane persons into houses licensed for their reception. "No person can be received into a private asylum, (except a parish pauper,) without an order under the hand of the person by whose direction he is sent, stating the christian and surname, place of abode, and the degree of relationship, or other circumstance of connection, between such person and the insane person; and the true name, age, place of residence, former occupation, and the

asylum or other place, (if any,) in which the insane person shall have been previously confined; and whether such insane person shall have been found lunatic or of unsound mind under a commission issued for that purpose by the Lord Chancellor; nor shall any such person be received into any such house without a medical certificate, signed by two medical practitioners, not being in partnership, and each of them being a physician, surgeon, or apothecary, who shall have separately visited, and personally examined the patient to whom it relates, not more than seven days previous to such confinement, and shall state that such person is insane, and proper to be confined."

Would it not be desirable to encourage the establishment of "Houses of Recovery," where persons could be received who are proper objects to be separated from their friends, although not of unsound mind? To such places patients, who had been under restraint, might be removed during their convalescence; or those might be admitted whose eccentric habits would be likely, without proper care, to terminate in insanity. Cases of moral insanity also, where the mind retains almost all its powers, but where the habits of individuals require some restraint, would be fit objects for such establishments.

A case has lately come under my own observation, where a lady, who was addicted to drinking, was

desirous of entering a private establishment, that she might be under some kind of restraint; but when she ascertained that it was necessary she should be certified of "unsound mind," before her admission, she positively objected to it, and now remains at large, an enemy to herself, and a burthen to her friends.

In the following pages I have endeavoured to render my author's meaning as nearly as possible in his own words, which will, I hope, be some apology for that want of fluency which a close translation necessarily entails.

TRANSLATOR.

Alexander Square, Brompton,  
May 10, 1833.



ILLUSIONS  
OF  
THE INSANE.

*(Read at the Institute, on the 1st of October, 1832.)*

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AT the meeting of the Academy of Sciences, on the 16th of June, 1817, M. Pinel made a report of a paper which I had read at a preceding meeting, entitled, HALLUCINATIONS OF THE INSANE.

Insane persons fancy they see, hear, smell, taste, and touch, although external objects are not presented to their senses, and are, consequently, incapable of producing any impression upon them. This symptom is an intellectual phenomenon, totally independent of the organs of sense, and takes place although they may be inactive, or have even ceased to exist. Thus, there are deaf persons who fancy they hear, blind ones who think they see, &c. &c. The ancients had only observed this symptom, as far

as it related to the remembrance of the sensations of sight, and had given it the name of *Vision*. But the analysis of the thoughts of the insane, for they do think and reason, has proved to me that this phenomenon is produced by the action of the brain, reacting upon the sensations previously received by the other senses, as well as by that of sight. This has led me to give to this phenomenon the generic name of *Hallucinations*. In the same paper in which I pointed out one of the most remarkable psychological phenomena of delirium, I related some facts which shew that the hallucinations alone, sometimes, characterize a variety of monomania.

I shall to day submit to the academy some observations on the *Illusions of the Insane*.

The ancients did not distinguish visions from the illusions of the senses, whilst some of the moderns, adopting the denomination which I have proposed for visions, have confounded hallucinations with illusions; distinguishing them, however, into mental hallucinations, (visions,) and sensorial hallucinations, (illusions of the senses.) These authors have not sufficiently appreciated the essential difference which exists between these two orders of phenomena. In hallucinations, every thing passes within the brain: visionaries, and persons under the influence of extatic impressions, are hallucinarians; they dream even when they are awake. The activity of the brain is so



energetic in them, that they give form and reality to the images which the memory re-produces, without the aid of the senses.

In illusions, on the contrary, the sensibility of the nervous extremities is excited, the senses are active, and actual impressions produce the reaction of the brain. This reaction being under the influence of the ideas and passions, which govern the insane, they are deceived as to the nature and cause of their actual sensations. Illusions are not uncommon in a state of health, but reason dissipates them. A square tower seen from a distance appears round, but if we approach it, the error is soon rectified. When we travel amongst mountains we often take them for clouds, but on looking attentively, the error is dissipated. To him, who is in a boat, the bank appears to move, reflection immediately destroys the illusion.

Hypochondriacs have illusions which arise from the internal senses. Such patients deceive themselves with respect to the intensity of their sufferings, and the danger of losing their lives ; but they never attribute their ailments to absurd causes, contrary to reason ; they do not talk unreasonably, unless lypemania, (melancholia,) is complicated with hypochondriasis. Then only is there delirium, and hypochondriacs wander and deceive themselves as to the nature and cause of their diseases and symptoms.

Illusions, which are so common amongst the insane,

deceive these patients as to the nature, relation, and cause of the impressions actually received, and are the means of their forming a wrong judgment upon their internal and external sensations; and reason does not rectify the error.

Two conditions are necessary for the perception of a sensation; the soundness of the organ which receives the impression, and the soundness of the instrument that reacts upon it.

The illusions of the senses recognize, also, two causes; a disordered state of the senses, and a disordered state of the brain.

If the sensibility and activity of the organs are disturbed, it is evident that the impressions made upon the senses, by external objects, are modified; and if, at the same time, the brain is in a state of disease, it is incapable of rectifying the errors of the senses. From these causes arise illusions.

If the wandering attention of maniacs cannot dwell long enough on external objects, perception is incomplete, and they do not rightly perceive the nature and connection of the objects which are presented to them. In monomania, on the contrary, the attention being too concentrated, it cannot dwell in uninterrupted order on things which are foreign to the intellectual pre-occupations and affections of the monomaniac. Hence arise illusions which reason does not rectify.

The passions, which are a source of so many illu-

sions amongst men of sound mind, modify, also, the impressions of the insane; and, by giving a perverted direction to the cerebral reaction, are the cause of a thousand illusions to them.

The understanding and the passions concur with the senses in producing the illusions of the insane; but the sentient extremities are, in a manner of speaking, the provokers of these illusions.

Let us now proceed to facts. From these we learn that illusions arise from internal and external sensations.

#### SECTION 1.

Internal sensations, produced by disturbance of the organic sensibility, often excite the illusions of the insane. The skin of some insane persons is dry, parched, rough, and burning, and badly performs its functions. These patients are indifferent to extremes of temperature. M. Pinel speaks of a maniac who filled his hands with snow, and rubbed his chest with it in extacy.

1st OBSERVATION. The famous *Térouane de Méricourt* lived ten years at the *Salpêtrière*, in a state of madness. She used to throw two pails of water on her bed every morning and evening, and lie down immediately afterwards. I have seen her break up the ice to procure water from the fountains. Other insane persons feel such an irritation of the

skin, that they fancy they are struck, and almost killed, by the slightest contact; and that poisons and burning substances are thrown upon them, &c. &c. We have, at Charenton, a mad-woman, who calls out, whenever she is touched, even with the point of the finger, "You hurt me; do not strike me, do not strike me."

2d OBS. An artillery officer, twenty-seven years of age, of a sanguineous temperament, and of a strong and athletic form, was seized with an intermittent fever, during the Prussian campaign. They made him swallow a large glass of brandy, into which they had mixed the gunpowder of two cartridges. He became mad immediately, and tore up every thing that fell in his way, linen, wearing apparel, and bed clothes; they were obliged to let him sleep upon straw. Feeling himself pricked he placed the straw in a ring, leaving in the centre an empty space, which he occupied: he now moved his head in every direction, blowing incessantly upon the straw, which surrounded him, and screaming from time to time, as if to drive away menacing objects. This symptom continued night and day for more than three weeks. It was then discovered that he mistook the straws for the beaks of birds of prey that had wounded him. He blew upon the straw, and screamed, in order to frighten away those annoying animals. Subsequently the same patient had new illusions. Soon after he retired to



bed he tore it in pieces, and threw the straw of his palliase, by handfuls, out of the chamber window, which was closed by blinds; and spoke from time to time as if he had been addressing horses. The noise of the persons whom he heard walking was taken by him for the footsteps of horses coming to the window as if to a rack. As the straw was stolen as fast as it was thrown out, it continued to keep up the illusion.

The pains which insane persons feel in the different regions of the body are so many causes of illusion to them.

3d OBS. Mlle. \*\*\*\* at eighteen years of age, enjoyed good health, although still irregular. Soon after the events of 1815, she experienced a fixed pain on the top of her head, and very soon persuaded herself that she had a worm in her cranium, which was devouring her brain. The sight of copper almost made her faint, and her friends were obliged to remove from her apartments every thing that was covered with gilding. She consented to walk with the greatest reluctance, because the dust raised by the pedestrians appeared to her filled with oxide of copper. Nothing could persuade her to touch a gilt candlestick, nor the cock of a fountain. After many months of unsuccessful treatment I was called to her. She was thin, her skin was discoloured, and she was very irritable. She sometimes refused to eat, slept badly, and had consti-

pation of the bowels ; she spoke at one time of her repugnances with liveliness, and at another time in tears. I endeavoured to gain her confidence by flattering her fancies, and by assuring her that I would destroy the worm which was the cause of all her complaints, if she had the courage to let me perform an operation, which would not be very painful to her. I so well succeeded in persuading her, that after one of my visits she made an incision herself, with a pen-knife, on her head. As soon as she saw the blood run she fainted. I was sent for immediately, and on my arrival I found the patient, who had recovered her recollection, very desirous that I should perform the operation of which I had so long spoken. The young lady's courage kept up that of her friends who consented to the employment of the means which I had proposed. M. Bigot, the medical attendant of the family, made a crucial incision, of more than two inches in length, over the part affected, and allowed the blood to flow. We shewed the patient a small piece of fibrin, which we assured her was the insect that had been the cause of her suffering so long. An issue was made in the middle of the incision and kept there for three months, when the fixed pain, illusions, and fears of verdigrise, all disappeared together.

4th OBS. Some years afterwards, whilst I was giving my clinical lectures on mental diseases,



at the Salpêtrière, a similar case presented itself to my notice, in a country-woman who had been admitted into that division of the hospital devoted to the insane. This woman complained of fixed and very sharp pains on the top of her head, which she attributed to an animal in it: she became insane in consequence, with a desire to commit suicide. I made a crucial incision over the part in pain, and shewed her a piece of earth-worm, assuring her that it was the cause of her illness. After the operation the woman shewed her companions the animal that had been given to her, expressing her joy at being cured. But thirty-six hours afterwards they laughed at her, telling her that I made game of her credulity; she immediately tore out the issue which had been established, and the pains and illusions returned.

5th Obs. A general officer, more than fifty years old, who had suffered from rheumatism during the war, was seized with furious madness after some domestic trials. His teeth were bad, and he suffered much from them. He attributed the pains which he felt to the sun, and when they were very acute, he screamed in a most frightful manner, and threatened to exterminate the sun with his brave troops. Sometimes the pains attacked one knee; he would then seize with one hand the afflicted part, and with the other hand closed would strike it violently, calling out "Wretch, thou shalt not escape." He fancied he had a thief in that knee.

6th OBS. A lady, thirty years of age, of a strong constitution, becoming hypochondriacal, after intense grief which had deprived her of rest, persuaded herself that her brain was petrified. Subsequently having felt the temporal arteries beat, when she lay on the right side, she fancied that her brain was liquified, and was running like a torrent. This illusion was still more singular, as the lady knew very well that such a disorganization of the brain is impossible.

Gastic and intestinal pains, flatulency, and the difficulties experienced in alvine evacuations, are so many symptoms, respecting which insane persons deceive themselves, forming judgments as false as they are various, as to the nature and causes of these symptoms. Facts of this kind are very numerous, and are to be met with in all authors.

7th OBS. Ambrose Paré relates that he cured an hypochondriacal patient, who fancied that he had frogs in his stomach, by giving him a purgative, and introducing by stealth little frogs into the pan which was to receive the alvine evacuations.

I opened the body of an insane woman at the Salpêtrière, who said she had an animal in her stomach. She had a cancer of that viscus.

8th OBS. There is in the insane division of the Salpêtrière, a woman, who for a great number of years has been subject to abdominal pains. She

asserts that she has a whole regiment in her belly : when the pain is violent she becomes irritated, cries out, and says, she feels the soldiers fighting, and that they wound her with their fire arms. †

9th OBS. A woman, about fifty-seven years of age, of a strong constitution, and of a sanguineous temperament, had been porteress at the nunnery of Notre-Dame, and was very devout. The events of the revolution concurred with the cessation of the menses to deprive her of reason, and she was taken to the Salpêtrière, where she lived a great number of years. She was of a small size, had a thick and short neck, and large head, and her countenance had something mysterious about it. Habitually calm she worked at her needle, and they called her in the hospital the "Mother of the church," because she spoke incessantly on religious subjects. She fancied she had in her belly all the personages of the new testament, and sometimes also those of the bible. She used frequently to say to me, "I can bear it no longer ! when will there be peace in the church ?" If her pains became more acute she would add, with imperturbable coolness, "They are crucifying Jesus Christ to day ; I hear the blows of the hammer as they

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† There is at present, in St. Lukes hospital, an incurable patient, who fancies his mother is within him. When in conversation he frequently interrupts himself with the words "satisfy me again," and then explains himself by saying "that is my mother." *Translator.*

drive in the nails." She imagined also that the popes held council in her belly, and nothing could dissipate these ludicrous illusions. On opening the body I found all the intestines united by chronic peritonitis into one mass, and adhering very closely together by their peritoneal covering.

10th OBS. I found the same alteration, although the adherence was less strong and less general, in a demonomaniac, who fancied she had in her belly a great many devils, who were tearing her in pieces, and incessantly persuading her to destroy herself. She was extremely emaciated; her skin had become very brown as if tanned, and had lost all sensibility. I have often pricked her skin with large pins without producing the least pain. This insensibility had persuaded her that her skin was changed into that of the devil.

The irritations and pains of the organs of generation are frequent causes of illusion amongst the insane, and particularly so with women, who have sometimes been induced to mutilate themselves in consequence.

Women afflicted with erotic monomania experience all the phenomena of the union of the sexes, and fancy themselves in the arms of a lover or of a ravisher. An hysterical demonomaniac fancied that the devil, serpents, and other animals, entered her body through the external sexual organs. Hysterical



women, who are insane, are sometimes disposed to attribute to their enemies and jealous persons the suffocating pains and constrictions of the throat which they experience.

The wandering pains, which the insane feel in their limbs, give rise also to most distressing illusions.

11th OBS. A medical student, twenty years of age, was seized with mania, arising from the presence of worms in the intestines. He felt the most acute pains in the different regions of his body, appearing to him as if persons were driving arrows into him, more particularly in the palms of his hands and soles of his feet; this caused him to utter most distressing cries, to seek to be alone, and prevented him from walking. The intolerable pains and madness left him as soon as the worms were expelled.

12th OBS. We have, at Charenton, a monomaniac, thirty years of age, who fancies he is conducted to the cellars of the opera every night, and that there, and sometimes even in his own room, they stab him with knives and poignards in his back and chest; they then cut off sometimes one of his arms, at other times one of his thighs, and sometimes even his head. When this unfortunate man is reminded that his head is on his shoulders, that he still possesses his limbs, and that his body displays no wound nor cicatrix, he answers "They are wretches, conjurors,

and freemasons, who possess the secret of putting limbs on again without its being perceived." If they insist upon it, he says " You side with these monsters and brigands ; kill me ! kill me ! I cannot bear their cruelty, nor resist the sufferings which they make me endure." The father of this madman, and his former master, are considered by him the chief persons among those who torment him every night.

## SECTION 2.

Having pointed out the facts which shew what part the internal sensations take in illusions, I shall refer to those which arise from the external senses.

Disturbances of the animal sensibility, impressions which arise from without, and external sensations, are, as I have said at the beginning, causes of numberless illusions. Amongst men in health, illusions of the external senses are not rare ; they are frequent amongst the insane.

The maniac hears a noise, he fancies some one speaks to him, and he answers as if questions had been addressed to him. If he hears several persons speaking he thinks they are his friends, who are hastening to deliver him ; or his subjects, who are come to raise him to the throne, and to proclaim him king.

The panophobicist, on the contrary, thinks that he is spoken to in a reproachful and menacing way ; he



takes an insignificant phrase for the sign of a plot raised against him, and he fancies he hears enemies, police agents, and murderers, concert together to arrest and to conduct him to prison or to the scaffold. If a door open he imagines he is lost, and is about to become the prey of those who are seeking for him.

13th OBS. A workman, thirty years of age, had lost the employment by which he maintained his family, and was plunged into misfortune. He was repairing to Paris, when he suddenly sprang out of the diligence, challenged his fellow-travellers, who had, he said, conspired against him, and rejoiced at his misfortune, although they were all unknown to him. On his arrival at Paris, he lodged in the Rue de Bourgogne, but he dared not leave his house, for he saw, in all he met, spies and police-agents ready to arrest him. Notwithstanding this, the young man was calm and reasonable on every other subject. One day he heard the footsteps of several persons coming up the stairs of the house which he inhabited, when, convinced that they were come to arrest him, he seized one of his razors, and cut his throat in several places, but not very deeply. His sister, who was in the room, ran towards him; he then threw down the razor, and tried to precipitate himself from the window, dragging his sister along with him. His neighbours ran to his assistance, and placed him on his bed. An hour

afterwards he assured me that he only tried to kill himself to prevent his being arrested, and to avoid the infamy of the scaffold.

14th OBS. A general officer, forty-six years old, of a nervous temperament, unmarried, passed from a life of great activity to a state of uninterrupted tranquility. About a year afterwards he became jealous ; the jealousy increased, and the persons whom he received at his house, even his best friends, he accused of being the seducers of his wife. On several occasions he wished to fight with them, and followed them into his house sword in hand. After several months he was brought to Paris, where his uneasiness increased, for he mistook the cries in the streets for abuses addressed to him. He ran into some of the apartments of the hotel, where he lived, to demand satisfaction of his imaginary rivals. At length, being unable to contain himself any longer, he wished to terminate his existence, and asking one of his companions to give him some poison, he put his affairs in order ; having made his will, he swallowed, with transport, a harmless draught, which his friend presented to him. After some hours, not feeling the effects of the poison, he became enraged against his friend, who had deceived, betrayed, and ridiculed him. The general was confided to my care. A few days afterwards, we walked together to Saint Cloud. During our promenade he interrupted me several

times in the midst of a very connected conversation, saying, "Do you hear how they repeat the words, *coward, jealous, &c.*" This illusion was<sup>e</sup> produced by the noise of the leaves, and the whistling of the wind among the branches of the trees, which appeared to him well articulated sounds. And although, I believed, I had each time combatted it with success, the illusion returned whenever the wind agitated the trees anew.

15th OBS. I had under my care a young lady, whom the most trifling noise terrified, especially during the night. The footsteps of a person walking, however lightly, made her shudder; the wind caused her to tremble; and the noise that even she herself made by moving in bed frightened her, and obliged her to get up and utter cries of distress. I procured rest for this panophobist\* by keeping a light in her bed-room, and obliging a person to sit up with her all night.

The sense of sight is more productive of illusions, in a state of health, than the other senses, because it is in more frequent communication with external objects. Illusions of sight are also very common amongst the insane, and give rise to resemblances which provoke raving, and almost always augment the disease. So

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\* I have retained the word Panophobist, (*panophobe*,) although not in general use, as it particularly describes that variety of melancholia in which excessive fear is the characteristic feature of the disease.

Translator.

that a relation or friend is mistaken for a stranger, or an enemy, of whom they have had reason to complain.

16th OBS. A young married man was in a state of fury whenever he saw a woman leaning on a man's arm, being convinced that it was his own wife. I took him to the theatre, at the commencement of his convalescence, but as soon as a lady entered the saloon, accompanied by a gentleman, he became agitated, and called out eagerly several times, "That is she, that is she!!" I could hardly help laughing, and we were obliged to retire.

17th OBS. A lady, twenty three years of age, afflicted with hysterical madness, used to remain constantly at the windows of her apartments during the summer. When she saw a beautiful cloud in the sky she screamed out, "Garnerin, Garnerin, come and take me," and repeated the same invitation until the cloud disappeared. She mistook the clouds for balloons sent up by Garnerin.

A cavalry officer imagined the clouds which he saw to be an army, led by Buonaparte, to make a descent upon England.

Insane persons often collect pebbles and fragments of glass, which they fancy precious stones, diamonds, or objects of natural history, and which they preserve with the greatest care.

18th OBS. We have, at Charenton, an old professor,



who keeps in his chimney an enormous quantity of little stones, which he imagines to be very valuable. He distributes them as gifts of great price, and is irritated and angry when they are taken from him. He also believes they are printing characters which he is unwilling to part with. Another insane person collects stones, snails, bits of broken glass, and pieces of earthenware, to form, as he says, a rich collection of natural history; and he accuses those persons of ignorance who do not believe in the beauty and rarity of his specimens.

19th OBS. Madam de C——, at the period of menstruation, was attacked with hysterical monomania. After the elapse of several years her delirium changed its character, and she composed verses and plays, which she wished to submit to the judgment of the academies, and which she caused to be read aloud, applauding herself for the beauties of the composition. During the last six years of her life she did not write, but she collected flint-stones, and covered the furniture of her room with them. From time to time she gave me one or more of them, boasting of their size and value, and urging me to send them to the king, in order to re-establish the finances of the state.

The effects of light, reflected upon the walls of the apartments which the insane inhabit, or modified by the furniture of the room, are also frequent causes of illusion.

20th OBS. M. \*\*\*\* who was attacked with hypochondriacal lypemania,\* used continually to strike with his cane the furniture of his apartment, and even that of a room in which there were several persons. The faster he walked the more frequently he struck, and at last I discovered that he mistook the shade of the furniture for rats. The shadow produced by the invalid passing between the furniture and the light, made him believe that the rats were in great numbers, and he knocked to frighten them away. The faster he walked the more rapidly the shadow moved, and in greater numbers he imagined the rats increased.

21st OBS. I had under my care a young lady, who had devoted much attention to the arts and literature, and possessed a very active imagination. She was maniacal, and passed the night without sleep, enraptured with the fine pictures which she saw delineated on her bed and window-curtains, and expressing aloud her admiration. I succeeded in procuring sleep for her by depriving her of light during the night.

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\* In the *Dictionnaire des Sciences Médicales*, tome 32, article *Mélancolie*, Esquirol says, "Monomania is divided into monomania, properly so called, having for a characteristic sign partial delirium, with excitement or gaiety; and 2dly monomania with partial delirium, accompanied by sadness or oppression. The first corresponds with maniacal melancholia, maniacal fury, melancholia complicated with mania, and amenomania, (Rush.) The second kind corresponds with true melancholia, melancholia of the ancients, and tristimania of Rush. If I were not afraid of being accused of coining words, I should give to this second species the name of lypemania, (*lypemanie*.)"



22d OBS. I had under my care a monomaniac who generally ate voraciously. In fine weather he took his meals in the open air, when it was perceived, by the persons who waited on him, that he did not drink at all during his dinner. When the servant asked him to drink he flew into a passion, and called out snappishly, "Do you wish me to swallow my brother?" Apprised of this circumstance, I went to the patient when he was at dinner, but I could not overcome his refusal to drink. Seeing my image reflected on the bottle which was on the table, I immediately removed it. A few minutes afterwards the patient drank, being no longer able to see his image reflected in the glass; for this had induced him to believe that his brother was shut up in the bottle.

23d OBS. A young lady, after a second attack of madness, frequently refused the food which was presented to her. On asking her the reason of it, she told me, that her food was sometimes stuck full of pins and needles.

The insane are often incapable of either reading or writing, but it is not always proper to attribute it to want of power in the brain and weakness of intellect; for it happens to some of these invalids, that when they read or write, the letters appear to ride one on the other, or seem to move as if they were starting from the paper. This is evidently the cause of their being incapable of reading or writing. But are not

these illusions of sight the result of a disordered action of the eyes, which is not rectified by the reaction of the brain? The two following facts will sufficiently answer this question.

24th OBS. Reil relates that an insane lady having fits of excitement and even of frenzy, her maid, wishing one day to quiet her, put her hands over her eyes, when the patient immediately recovered herself, was perfectly calm, and declared that she no longer saw any thing. The medical attendant, informed of this phenomenon, tried the experiment himself, and was convinced that her agitation was produced by the disorder of her eyes, which represented terrific objects to her.

25th OBS. I had under my care a young military officer, allied to Buonaparte, who, after many reverses of fortune, became insane, and was confided to my care. He saw, in every body that surrounded him, members of the imperial family, and became angry and enraged whenever he perceived the domestics perform any servile office. He prostrated himself at the feet of one, whom he took for the Emperor, and asked for forgiveness and protection. It occurred to me one day to tie a handkerchief about his eyes; from that moment he was calm and tranquil, and spoke rationally of his own illusions. I repeated the same experiment several times, with the same success, and at one time I kept the bandage about his eyes for twelve

hours, during the whole of which period he was perfectly rational; as soon, however, as he could see, the delirium returned.

Smell, like the other senses, deceives the insane. Patients affected in this way are very mistrustful, and refuse their food, because they find it of a disagreeable odour. They generally smell the solid food as well as the liquids that are offered to them, before they taste them, and sometimes reject them in a rage, fancying they perceive the presence of poison.

Many insane persons smelling gas, diffused through the air, fancy it unwholesome, and likely to poison them.

26th OBS. One of our patients, who has a continual difficulty of breathing, often says to me, "I know not what is in the air, but I cannot breathe. It contains some kind of nephitic gas, which takes away my breath. I get excessively thin, and it will kill me at last."

I have seen many restless and disturbed insane patients calmed by the introduction of an agreeable odour into their apartments.

Almost always at the commencement, and sometimes in the course, of mental diseases, the digestive functions are primarily or secondarily affected. Such patients perceive a bad taste in the food that is offered to them, which makes them conclude that it is poisoned, and they reject it with anger or with terror.

This phenomenon gives rise to an aversion, on the part of the sick, to those persons who have the care of them, and which is still more marked towards those who are most dear and most devoted to them. What can be more dreadful than the fear of being poisoned by those we love?

These symptoms cease after a few days, either by diet or evacuations, when the gastric irritation is dispersed. The latter, which gives so much uneasiness to persons who are not in the habit of attending the insane, is by no means serious, and is very unlike the obstinate refusal of some monomaniacs, who will not eat, either to satisfy an absorbing idea, such as an expiation, the fear of neglecting some precept of honour or religion, or from a desire to terminate their existence.\* The refusal to take nourishment, amongst the latter, should be combatted by every possible means, in order to overcome a resolution which

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\* The difficulties which are experienced, in administering food to patients of this description, can hardly be conceived by those who have not had the management of them; by the use of the stomach pump, however, these difficulties may, in some cases, be almost entirely obviated.

Some time since I had under my care an insane patient, about 30 years of age, who had been subject to epileptic fits from his boyhood. He had occasional attacks of violence, when he would remain for several days without taking any kind of nourishment. On one occasion, after abstaining longer than usual from food, it was thought advisable to give it to him against his inclination, and for that purpose I suggested the use of the stomach pump, which I introduced with little difficulty. He was fed in this manner for two or three days, when finding that resistance was in vain, he consented to take his food of his own accord. *Translator.*



threatens their lives ; whilst we should leave to themselves those patients who refuse their food because their taste and smell are perverted by the disordered state of the digestive organs.

It happens, also, that the dryness and roughness of the mucous membrane of the tongue and mouth induce some insane persons to believe that earth is mixed with their food, or that they are wished to eat tainted meat ; whilst in other cases, especially in dementia, (*démence*,)\* the taste being destroyed, they will eat the most fœtid and disgusting substances.

The sense of touch, so often called on by reason to dissipate the errors of the other senses, sometimes deceives the insane. I have already cited several facts to shew that the perversion of the sensibility of the skin is the cause of numerous illusions respecting the qualities of the substances surrounding, or coming in contact with, the cutaneous organ.

The limbs of insane persons are sometimes tremulous, and the extremities of the fingers lose their healthy sensibility. Attention no longer directs the application of the organs of touch, and hence arise illusions on the tactile impressions of bodies. These

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\* Under this term Georget and Esquirol describe that state approaching to fatuity, which is the termination of protracted insanity, and in this sense the word is now generally used. Pinel applied the same term to that variety of mania which Dr. Prichard, in a very able article on insanity, in the Cyclopædia of Practical Medicine, has denominated *Incoherent Madness*.      *Translator.*

patients are awkward, they take hold of things badly, and are unable to retain what they seize, letting fall and breaking whatever they touch. They are incapable of judging of the form, size, shape, or weight of bodies, and the diseased state of the brain prevents their rectifying these illusions.

27th OBS. A lady, much reduced by a confinement, and by being bled to overcome an attack of madness, experienced obstinate constipation, for which I prescribed injections. Notwithstanding her illness, she wished to administer them herself, but she had scarcely taken the syringe in her hands, when she threw it down with horror. The same circumstance occurred several times, and she has assured me since that the syringe appeared so heavy that she thought it was filled with mercury, and that they wished to make a barometer of her body.

#### CONCLUSIONS.

From the foregoing observations I think I may conclude :

1st. That illusions are caused by internal and external sensations.

2d. That they are the result of the sentient extremities, and of the reaction of the nervous centre.

3d. That they are as often caused by the excitement of the internal, as by that of the external senses.



4th. That they cannot be confounded with hallucinations, (visions,) since in the latter cases the brain only is excited.

5th. That illusions lead the judgment astray respecting the nature and cause of the impressions actually received, and urge the insane to acts dangerous to themselves and to others.

6th. That sex, education, profession, and habits, by modifying the reaction of the brain, modify also the character of the illusions. (Observations 5, 11, 15, &c.)

7th. That illusions assume the character of the passions, (12, 14, 15,) and of the ideas which govern the insane, (8, 9, 10, 20, 21, 22.)

8th. That reason dissipates the illusions of the man of sound mind, whilst it is not powerful enough to destroy those of the insane.

If by observation I have been able to elucidate a psychological phenomenon, but little appreciated, although common in delirium,—if the facts which I have related throw some light upon the still obscure history of the aberrations of the understanding, or if they furnish therapeutic views, applicable to the treatment of mental diseases, these observations will not be entirely without interest.

THE MEDICO-LEGAL QUESTION  
OF THE  
CONFINEMENT OF THE  
INSANE.

*(Presented to the Institute, on the 1st of October, 1832.)*

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INSANE persons, deceived by the errors of the senses and by hallucinations, betrayed by their incapability of directing their attention, and urged on by the delirium of their passions, often commit actions which would be criminal if they were committed by persons in the enjoyment of reason.

The fortune, honour, and life of these patients, and of all who surround them, as well as public order itself, would be compromised, if they were not prevented from doing injury by being confined.

The suspension of the right, which every one has, of disposing of his person and property according to his inclination, is so serious a derogation from the common right in social order, that we are surprised that

medical men, and more so, that the Legislature, has not pointed out, in a positive manner, the cases in which an insane person may and ought to be deprived of his liberty. We are astonished that the laws of all countries have not established rules to point out the cases which demand the suspension of the liberty of the insane, and to fix the means to be pursued when this suspension, judged necessary, is put in execution.

All legislatures have provided for the arrest of the insane who disturb the public tranquility; they have taken care to proscribe citizens deprived of reason, and they have pointed out wise precautions to prevent the surprise and errors of the magistrate whose duty it is to pronounce the interdiction: but it seems that they have had in view rather the maintenance of public order, and the preservation of the fortune of the proscribed, than the immediate interest of his health or liberty. Before the interdiction is demanded by his family, before it is urged by the magistrate, or the sentence of proscription is returned, the insane patient is deprived of his liberty, and of the administration of his fortune, and is confined at home, or is shut up in a strange house, either to prevent fatal accidents, or to submit him to a regimen and treatment which he most commonly rejects. This is an act contrary to the common right; and as the laws are silent on the subject, every thing that occurs from

the attack of madness to the judgment of interdiction, must appear illegal, discretionary, and more or less in the hands of the administrative power. Is there any omission in this respect? And can this omission be the result of indifference, on the part of former legislatures, towards the liberty of the subject, or the extreme difficulty of enacting a law capable of answering the purpose?

The confinement of the insane, (*isolement, séquestration, &c.*) consists in withdrawing them from all their habits, removing them from their home, and separating them from their family, friends, and servants; in surrounding them with strangers, and changing entirely their manner of living.

The object of confinement is to modify the perverted direction of the understanding and affections of the insane; and it is the most powerful, and generally the most useful, means of combatting mental diseases.

The question of confinement is entwined with the dearest interests of man, considered as an invalid, and as a member of his family, and of society. Hence arises the importance of a disease which exposes him who is attacked by it to be separated from the dearest objects of his affections, to be contradicted in his wishes, and deprived of the exercise of his civil rights, and of his liberty. Hence arises, also, the responsibility of the medical man, who is called upon



to pronounce whether an individual ought to be deprived of his natural rights.

Let us first consider the question of confinement in a medical point of view, and as far as it relates to the health of the individual ; it will be easier afterwards to particularize what is wanting in the legislation upon so important a subject. In fact, if confinement is indispensable for the cure and preservation of the insane, it ought to be authorised by law ; but if the science of medicine does not always order it, but points out precautions to render this means of cure more efficacious, the law ought only to authorize it under certain restrictions.

This is an important question ; for there are in France alone more than fifteen thousand individuals deprived of their civil and political rights, and of their liberty, without legal authority.

What do facts and experience teach us as to the necessity and utility of confinement ?

#### SECTION I.

##### *On the necessity of Confinement.*

The ancients understood the necessity of a specific treatment for mental disorders, and have left excellent instructions, in their writings, on the place of abode, and on the intellectual and moral treatment of the insane. Cullen, amongst the moderns, has



pointed out the necessity of confining them, and separating them from their relations and friends. Willis, who acquired such great celebrity by having assisted towards the happy termination of the first attack of madness experienced by George III. unfurnished the king's apartment, dismissed his courtiers and domestics, and had him attended by strange servants. Willis asserts, that insane persons from the Continent, who came to seek his advice, got well more frequently than Englishmen, his countrymen.

M. Pinel, in his immortal treatise on madness, his best title to the admiration and gratitude of mankind, has pronounced the principle of confinement the basis of all rational treatment of mental diseases. At the name of Pinel, so dear to science and humanity, what pleasing remembrances are awakened! Notwithstanding his modesty he could neither escape your esteem nor your suffrages; his labours found as many admirers as colleagues, in this place. "Pinel is one of the most illustrious men of our time," said an eminent member of this academy. Bickat, with that candour which always characterizes true merit, often said that he had derived his best inspirations from his "Philosophical Nosology." This last work has served as a text book and guide to all those who have since written on medicine, and from the time of its publication has been considered classical. No one has been since able to produce so complete a collection of

medical knowledge. Excuse this digression: but what more solemn occasion could be afforded me to render homage to the memory of him who was my master, and up to his last hour called me his friend.

All English, French, and German physicians, who have devoted themselves to the study of mental diseases, recommend the confinement of the insane, and are unanimous as to the utility of this means of cure.

Confinement is a practical truth, the necessity and utility of which will be better understood when we are more convinced that the insane are neither deprived of their sensibility, nor of their understanding.

Maniacs, even those in a state of frenzy, think and reason according to the modifications of the susceptibility and activity of their organs. On analyzing their ideas, following the chain of their reasonings, searching their hearts and pursuing the motives which influence their decisions, we perceive the causes of their affections and hatred, their desires and aversions, their determinations and their actions; and we become convinced that mad persons are not so unreasonable as the vulgar imagine.

The following observation proves how far an insane person can conceal his delirium: and if he is able to disguise his state from those persons with whom he lives, must we not conclude that he enjoys the greatest portion of his understanding?

1st. OBS. A merchant, fifty-five years of age, of

a strong constitution, although of a lymphatic temperament, mild and gentle in his disposition, father of a numerous family, and who had acquired a considerable fortune in business, experienced some domestic troubles, not sufficiently serious, however, to affect any one of a resolute character.

About a year ago he formed a large establishment for one of his sons, and shortly afterwards became very active, and expressed, contrary to his usual habits, the delight which he felt at his increasing prosperity. He was also more frequently absent from his warehouse and business than usual: but notwithstanding these trifling changes, neither his family, nor any of his friends or neighbours, suspected any disorder in his reason. One day, whilst he was from home, a travelling merchant brought to his house two pictures, and asked fifty louis for them, which he said was the price agreed upon by a very respectable gentleman, who had given his name and address. His sons sent away both the pictures and the seller. On his return, the father did not mention his purchase; but the children began the conversation, alluding to the roguery of the merchant, and their refusal to pay him. The father became very angry, asserting that the pictures were very beautiful, that they were not dear, and that he was determined to purchase them. In the evening the dispute became warmer, the patient flew into a passion, uttered threats, and at

last became delirious. On the next day he was confided to my care. His children, frightened at their father's illness, and alarmed at the purchase which he had made, looked through their accounts; and great was their astonishment at seeing the bad state of their books, the numerous blanks which they presented, and the immense deficiency of cash! This irregularity had existed more than six months. Had this discussion not taken place one of the most honourable mercantile houses would have been compromised in a few days, for a bill of exchange, of a considerable amount, had become due, and no means had been taken to provide for it. \*

Amongst the numerous examples of insane persons, we meet with some individuals who recover their reason as soon as they leave their home, and lose it again on their return. When restored to their usual habits, and left to themselves, they give themselves up to excesses, experience contradictions, become angry at what they see, dread the duties and customs of the world, and the bustle of business; a thousand suspicions, troubles, and opposing pre-occupations and feelings, exalt or discourage them, and delirium

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\* Insanity is sometimes so insidious in its attack as to escape the notice of even the nearest relatives for a considerable period. As a general rule, any change from the usual habits of the individual should excite suspicion, and it can hardly be doubted, that if such were generally the case, a great many instances of suicide would be prevented. *Translator.*



breaks out. I have seen at the Salpêtrière many women who could only be reasonable in the hospital, and who anxiously begged to be re-admitted, feeling, after passing some days in their family, that they were about to become ill again. Some of these patients, by returning soon enough, prevented the recurrence of the delirium; whilst others, leaving it until it was too late, were unable to escape the evil which they tried to avoid.

We have at Charenton a young man who has had many attacks of intermittent madness. Whilst he was out of the establishment these attacks were frequent; but he has now been there five years, and has not had one return of the disorder. For the last two years this patient has enjoyed all his reason; he is, however, kept within the house for fear of an attack, although, in other respects, he is quite at liberty.

2d OBS. M. ———, forty-seven years old, of a neuro-sanguineous temperament, subject to piles, which had discharged for some time, was in the habit of applying leeches to his anus, to relieve a headache from which he suffered. He was happy in his domestic circle, and his business had prospered until the year 1830, from which period he was much harrassed to manage his affairs. In December, 1831, after a very trifling loss, he grew sorrowful and melancholy; his face was flushed, his eyes became bloodshot, his breathing was difficult, and he shed



tears, incessantly repeating that he was lost. On the next and following days he made several attempts to commit suicide, so that they were obliged to cover his apartment with wadding; he wished to strangle himself, tried to swallow his tongue, filled his mouth with his fist, in hopes of suffocating himself, and then refused all nourishment. At the expiration of six days the patient was brought to Paris, and entrusted to my care. From the moment of his arrival all desire to commit suicide vanished, and the patient appeared restored to reason. "The impression that I received," said he to me, "on finding myself transported to a strange house cured me." In fact, sleep, appetite, and a connected, and sometimes lively conversation, induced the belief that the cure was effected. Three weeks seemed enough for convalescence, when his wife and son came to fetch him. They passed two days at Paris to finish some business there, and then returned to the country. Scarcely had he arrived at his home when he felt himself impelled by the same desires, in consequence of which he returned to Paris, transacted some business whilst he remained there, and appeared perfectly well. On returning to his home again he made fresh attempts to commit suicide, struck his son, and those who waited upon him, and endangered the life of his wife. Neither the grief of his family, the watch placed over him, nor the pretended authority of those placed about him, could

overcome these impulsions. The patient passed several days without food, tied a cord around his sexual organs, and got upon his bed in order to throw himself upon the floor ; he tore up his linen to make cords to hang himself, and at last, deceiving the watchfulness of his relations, escaped to throw himself into the river. He was immediately put into a carriage, and accompanied by his wife ; but notwithstanding the strait waistcoat, he left no means untried to kill himself. On arriving at Paris, and being again confined, he became perfectly reasonable, and made no attempt to destroy himself during the six weeks that his second confinement lasted. There was reason to believe his cure effected ; if he was asked why he did not overcome his terrible impressions at his own house as he did at Paris, he answered in an evasive manner, affirming that this time the trial had been long enough, that he was cured, and that he insisted upon returning home. “ Deprived of my wife and son,” said he, “ I am the most unhappy of men, and I cannot live.” But if you are so unhappy here, said I to him one day, why do you not try to destroy yourself, as it is very easy to do so ? “ I know not,” he replied, “ but I am cured, and I wish to live.” This patient enjoyed the greatest liberty, and although no apparent precaution was taken to prevent his destroying himself, he never made the least attempt to do so. He afterwards ceased to talk unreasonably ;

but I was never able to obtain an avowal of the motives which induced him to commit suicide at his own house, whilst he thought no more of it as soon as he came amongst strangers. On returning to his home for the fourth time, although he was able to transact important business, the same phenomena returned with equal violence.

The sensibility of the insane is perverted: they no longer have any relations with the external world but those of a disordered, and consequently painful nature. Every thing wounds them, distracts them, and is odious to them. In constant opposition to all that surrounds them, they soon persuade themselves that persons are combined to injure them; and not understanding what is said to them, nor being able to comprehend the reasonings that are addressed to them, they conclude that every one designs to deceive them; they take in bad part the most affectionate words, and the wisest counsels; they mistake the most frank, serious, and tender language, for injuries, irony, and provocations; and the most attentive kindness for contradictions. The regimen and prohibitions which are called for by their situation, and to which their attendants wish to subject them, appear to them persecutions, which are the more insupportable and irritating, as they are less accustomed to contradictions. The heart of the insane cherishes no feeling but mistrust: he is enraged at every thing he sees,

and is so timid and fearful that he is troubled as soon as any one approaches him. Hence arises the conviction that every one tries to vex, defame, ruin, and destroy him. This conviction puts the finishing stroke to the moral perversion, and from this arises that symptomatic mistrust, which is observed amongst all the insane; even amongst maniacs, who appear so bold and audacious. This symptom, which arises from imaginary or real contradictions, or is produced by injudicious treatment, increases with the progress of the disease, and augments in strength as the intellectual faculties weaken. It stamps on the countenance of the insane a specific character which is easily discovered, especially in melancholy and fatuity, when the latter disease has not entirely obliterated the understanding.

Mistrust is natural to weak minds, and it is also the lot of those whose understandings have been but little cultivated. Countrymen and old persons are more mistrustful than the inhabitants of towns, and middle-aged people: and amongst the latter the least suspicious, except when contradicted, are great artists, literary and learned men; so true is it that there exists a moral strength in the ascendant, which the cultivation of the mind, and a more developed understanding, gives over other men. But notwithstanding their mistrust, the insane have no foresight; they have no care, no inquietude for the future, but



an extreme jealousy of every thing present.

From mistrust these patients soon pass to fear or to hatred; and in these two moral situations they repel their relations and friends, and welcome strangers, throwing themselves into their arms, calling them their protectors or liberators, with whom they are ready to fly, and abandon their home and family.

With these moral dispositions, if left in the bosom of his family, the tender son, whose happiness used to consist in living near his mother, and in following his father's counsels, persuaded that they wish to disgust him with his home in order to drive him from it, falls into the deepest despair, or escapes to destroy himself.

The despairing lover fancies he can restore reason to her whom he adores, by tokens of the tenderest affection: unfortunately his presence tends only to make the wound still deeper. The object of his affection soon sees in him only a perfidious traitor, who affects such eager anxiety the more easily to betray her. The mild, good, and respectful daughter beholds in her mother an unjust and selfish woman, who has sacrificed her to her caprices, or to her brother or sister: the sight of her mother irritates, agitates, and urges her into violence, or else plunges her into the deepest sorrow. The affectionate friend hopes, by assiduous attentions, to restore that sensibility and reason which have been the source of their attachment



and happiness ; he soon finds himself included in the general proscription, and his cares for his friend are construed into proofs that he has been corrupted by his enemies.

How can we hope to cure these unfortunate persons, without changing their situation, and destroying their prejudices ? Who has not experienced the difference between being deceived, opposed, and betrayed by our friends and neighbours, and by individuals who are strangers and absolutely indifferent to us ? We here perceive one of the greatest advantages of confinement.

An unfortunate patient becoming suddenly master of the world gives his sovereign orders to all around him, and expects to be blindly obeyed by those who have been accustomed to accede to his wishes, either from respect or affection. His wife, children, and servants are his subjects ; they have always obeyed him, how dare they resist him now, when he is all-powerful ? He is in his own dominions, commands despotically, and is ready to punish with severity whoever dares to make the slightest objection to his sovereign orders. What he requires is impossible ; no matter, he wishes it, and do the wishes of the great know of insurmountable impediments ? The affliction of his family, the grief of his friends, and the desire of every one to accede to his wishes and caprices without contradicting him, for fear of exas-

perating his anger, confirm him in his ideas of power and dominion. When he is taken to a strange place he is out of his empire, he is no longer in the midst of his subjects, and the illusion is destroyed.

The necessity of the confinement of maniacs is not less evident: their susceptibility is so excessive, that every physical and moral impression irritates them, and excites their anger; and the anger of delirium is frenzy. A patient in this state abandons himself to the most dangerous acts, and arming himself with every thing that falls in his way, to avenge or defend himself, he tears, breaks, strikes, or even kills. If it is thought necessary to confine him, he has recourse to force or stratagem, and holds nothing sacred, as long as he can recover that liberty, which his relations or his unjust and cruel friends wish to deprive him of.

3d OBS. M \*\*\*\* twenty-seven years of age, of a sanguineous temperament, subject to head-ache, was attacked with a fit of madness, whilst riding on horseback when the weather was very hot. He was picked up on the road by some friends of his family, who confined him to his room until the arrival of his relations. *He fancied he had fallen into the hands of thieves, because, when he entered his friend's house, they put his horse into the stable, and took charge of his portmanteau.* After using all sorts of efforts and violence to recover his liberty, he set fire to the house, in order by that means to escape from those whom he mistook for thieves.

I once had under my care a madman, who to escape from an asylum in which he was confined, set fire to his bed, hoping to burn the house, and to effect his escape during the confusion occasioned by the fire.

4th Obs. A general officer, fifty-four years of age, of a lymphatic and sanguineous temperament, devoted himself to severe exercise, which at first excited him, and then brought on a fit of furious madness. He was attended at home, and waited upon by his own servants; his delirium was universal, and he remained in a state of continual agitation, with frequent fits of frenzy. He tried to throw himself out of the window, not to kill himself, but to escape the contradictions to which he was subject; he struck those who tried to prevent him, and they were at length obliged to use force with him. The disease increased, and he became calm, or pretended to be so, and asked to be rid of his shackles. As soon as he was liberated he fell upon his domestics, and after a long and violent struggle they were enabled to confine him to his bed; but the cords being awkwardly placed they hurt him, which induced them to loosen them, when, pretending to be very calm, he freed himself from all the fetters which were used to confine him, and springing hastily out of bed, again struck those who waited on him, and severely wounded two of his domestics. A fortnight elapsed in alternate fits of pretended calm and frenzy, without any diminution of the delirium. At

the expiration of this period the patient was taken from his home and lodged on a ground floor, where he was allowed to go out and in at his pleasure. From this time there was no longer any violence, frenzy, or desire to strike those about him ; when excited he would go into the garden, and having exhausted his fury would peaceably return again. Simple mania now only remained, requiring common treatment.

Is it right to leave those monomaniacs in their families, who have frightful and atrocious inclinations, neither the effects of education nor of habit, but of disease, and which, like all diseases, have an assignable cause, a beginning, a regular course, and a termination ? There are some monomaniacs who have impulses which may be called irresistible. In Doctor Chambeyron's Translation of the Treatise on Legal Medicine by Hoffbauer, I related some examples of irresistible impulses for drunkenness ; Pinel and Gall have related cases of disordered inclinations for theft ; Heinke has given the history of an epidemic of incendiarism ; and lastly, impulses to commit murder and suicide are related by all authors. \*

All medical men speak of the dangers of leaving those insane persons unconfined who have an inclination to commit suicide ; and this paper affords many

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\* Translation of Hoffbauer. See note " Monomanie homicide."



additional proofs of them. These fatal inclinations are sometimes with, and sometimes without a motive. They generally assume an intermittent, and sometimes a periodical form ; and the persons subject to these dreadful propensities mostly enjoy their reason in all their language, and in every action which is not connected with the series of ideas and affections connected with their impulses. These monomaniacs, whom it is unnecessary to point out in this place, belong to that part of the administration which watches over the public safety, and their acts are under the jurisdiction of the public minister.

The cause of madness sometimes exists in the bosom of the family. Domestic troubles, reverses of fortune, jealousy, and the presence of persons who awaken dormant passions, often produce the loss of reason, and are insurmountable obstacles to its re-establishment.

5th OBS. M. ——— twenty-seven years old, after experiencing some reverses of fortune became lypemaniacal, with a tendency to commit suicide. The elevated situation of the room which he inhabited, the position of the staircase, the reiterated visits of his friends, “ who came to contemplate his misfortunes,” and the despair of his wife, were so many circumstances which induced the patient to terminate his existance ; and although he avowed that he had no motive for destroying himself, and that he was

ashamed, and considered himself criminal for having attempted his life, he left no means untried, for more than a month, to effect that end. When he was taken away from his home, and lodged in a ground floor, which led into a garden, he no longer made any attempt to terminate his days, "It would be of no use," he said, "I could never kill myself here ; every precaution is taken to prevent me."

6th OBS. A baker's wife, of a lymphatic temperament, experienced a violent fit of jealousy, which much distressed her, and induced her to watch her husband's steps, who vented his discontent in threats and reproaches. At last this unhappy woman, being unable to bear herself any longer, threw herself out of the window. Her husband ran to pick her up and bestowed marks of the most attentive kindness to her, "It is useless," she often said, "you have a wife no longer." She refused every kind of nourishment, and neither the solicitations, tears, nor prayers of her relations, nor those of her husband, who never quitted her room, were able to overcome her resolution. After seven days of total abstinence I was called in ; they hid from me the cause of the disease, but I observed that every time her husband approached the bed her face became convulsed. I told the patient that I was about to send her into the country, but that it was necessary for her to take a little nourishment in order to be able to support the

journey. A little broth which I offered her was accepted ; but, notwithstanding her attempts, she could only swallow a few drops. She tried again the following morning, but she expired in the course of the day. Had this woman been removed from her home immediately after the accident, there is little doubt but she would have been restored. How could she desire to live, her distress being continually aggravated by the presence of her husband ?

7th OBS. A woman, fifty years of age, of a lymphatic temperament, and of a timid character, had passed over her critical period, and enjoyed perfect health, although for some years she had experienced some feelings of jealousy towards a niece, whom she had induced to live in her house. In this state of mind she lost a child very suddenly, and her husband was taken seriously ill. Grief and fatigue made her peevish, and the presence of her niece became insupportable to her. She gave her money away inconsiderately, and frequently left her home, complaining of every body. At last she became abusive, and wished to strangle her niece ; general delirium followed, and she became furious, with lucid intervals. She was less outrageous during the day than at night. Leeches were applied, and she was ordered a foot-bath and whey. On the fourth day she was confided to my care. Her face was pale, and her lips were dry ; her eyes were either fixed or moving rapidly ;

her speech was hurried, tongue furred, and epigastrium painful ; she had frequent eructations, and her bowels were constipated. About midnight, she suddenly left her bed, cried out violently, pouring forth a torrent of abuse, and foaming with frenzy. Her face was extremely red, and her body covered with perspiration. Three women were hardly able to hold her, as she made violent efforts to escape from the imaginary objects which frightened her. On my arrival I complained of so much noise and disorder, desired the women to retire, and ordered the patient to go to bed. She looked at me with surprise ; I was firm, and repeated my command that she should lie down, when she went to bed and remained quiet during the remainder of the night. On the following night the same occurrence happened ; the same means were used, and they were followed by the same result. On the fifth night the delirium returned, but without any acts of violence. "Every time that I see you," said she to me, "I feel myself tranquillized." The warm-bath, whey with nitre, and emollient clysters, were administered. On the sixth night there was a sudden explosion of frenzy, which yielded like the two previous ones ; and during the whole of the day the patient was calm and reasonable, but dejected. On the seventh day, the physician who was attending her husband, still a convalescent, announced to the patient that her niece



was to quit the house. This news produced its effects, sleep was re-established, and her bowels were relieved. On the twelfth day, fearing she had been deceived respecting the departure of her niece, delirium returned, with loss of sleep, and transitory inquietude. On the sixteenth day, however, her father and mother came and confirmed the departure of the object of her jealousy. From that moment delirium ceased, and there only remained a little uneasiness and suspicion, which did not prevent her returning to her home a few days afterwards, where she resumed her usual occupations, and enjoyed perfect health. Some months afterwards she requested her husband to recall her niece, being aware that she was ill when her jealousy was awakened.

Persons deprived of reason sometimes fall into a state of physical and mental dejection; they are so oppressed that they are neither able to overcome their intellectual inertness, nor their repugnance to all sorts of exercises and occupations. Deeply affected with this moral and physical nullity, they reproach themselves with it, and it becomes a cause of despair to them. This situation is still more distressing for those who know what they ought to do, and can comprehend what others are doing for them.

Insane persons, who so often retain a consciousness of their situation, seldom lose the remembrance of their actions; they recall to mind every circumstance

which marked the commencement of their disorder ; their extravagant conduct, fits of passion, acts of violence, &c. &c. Regret and remorse are continually awakened by the presence of the places which witnessed their extravagances, or of those persons who were the objects of their fury. They fancy, because they accuse themselves, that others condemn them ; so that one patient becomes enraged at the sight of his wife, whom he thinks he has ill-treated ; and another is excited at seeing his friend, whose fortune he believes he has endangered. It frequently happens that when madness breaks out the digestive organs are disordered ; they perceive a bad taste in every thing that is given to them, whether drink or solid food ; they fancy that their attendants wish to poison them, and accuse those who have paid them the greatest attention. They become furious, or are terrified, whenever they see their relations, or those persons who were present at the commencement of their disease.

7th OBS. A young man, twenty-one years of age, being melancholy for some days, was taken into the country by his companions, to divert his thoughts. During dinner an explosion of furious madness took place, without any apparent cause ; he loaded his friends with abuse, called them scoundrels, and endeavoured to strike them. He was confined and entrusted to my care. After three months illness

he recovered. On the decline of his disorder the sight of one of his friends sometimes produced agitation and even frenzy. When the cure was complete, he declared, that whilst at dinner with his companions the wine appeared to him of a horrible taste, and he fancied they had poisoned him.

8th OBS. An emigrant, forty-six years old, of a sanguineous temperament, and of a peremptory character, after a long train of misfortunes, was arrested, but soon afterwards restored to his family. This circumstance threw him into despair, followed by an attack of madness, which continued for two months. During his delirium he saw and spoke of nothing but gendarmes, prisons, chains, &c. &c. After this attack he remained melancholy and hypochondriacal. During the following year, without any fresh provocation, he became suddenly mad, and on the day afterwards was confided to my care. Although the delirium was general, with agitation, he spoke frequently, as during his first attack, of prisons, soldiers, &c. &c. This delirium was evidently influenced by the remembrance of the arrest which had brought on the first attack. Whenever I went near the patient I addressed him in a friendly manner, familiarly offered him my hand, and reverted to the attentions I had paid him the year before. Dissipate your uneasiness, I often said to him, for you may depend upon my care; you are not obliged to

remain, as there is nothing to prevent your going out whenever you please. On the fourth day I finished my usual exhortations with these words, hastily spoken, "Let us take a walk!" The patient wished to follow me without his clothes; but I begged him to dress himself, and we went out. We had scarcely walked a dozen steps when he was able to exchange some coherent phrases with me, and before we returned to the house he had recovered the entire use of his faculties.

9th OBS. A lady, fifty years of age, was frightened by a fire which broke out in a house exactly opposite that in which she lived. During three days and three nights she fancied she saw nothing but flames ready to devour both her and her house. Removing her from her home was sufficient to dispel her hallucinations and fears, to restore her quiet, and to re-establish her reason.

The remembrance of things which have occurred anterior to the disease, have a great influence on the ideas of the insane. Indeed their ideas have almost constant relation to their former habits, passed events, and to the studies, affections, and persons that have ceased to exist. These remembrances are so vivid that the patient often mistakes them for existing realities. Hence arise resemblances which irritate and make them furious, and aversions which are dangerous for those of whom they have before had reason to



complain, An officer once took an aversion to me, because he thought I bore some resemblance to a general who had been severe with him.

10th OBS. M. \*\*\*\* more than forty years old, had had in his youth some money transactions with his brother ; every thing, however, had been arranged, and the two brothers lived in the closest intimacy. Reason left him, and his madness . was constantly augmented by the presence of his brother, whom he accused of having ruined him.

11th OBS. M. \*\*\*\* at thirty-five years of age, became insane. The sight of his father, who had severely corrected him in his childhood, for some improper conduct, irritated him and made him furious.

When insane persons are aware of the mischief which they do, their delirium is increased by the presence of those relations, whom they render unhappy. The grief and tears which a mother, daughter, or son, are sometimes unable to suppress, increase the distress of monomaniacs. The uneasy, suffering, and terrified countenance of relations, who are deeply afflicted on account of the illness of a member of their family, who has lost his reason, increases the fears and dread of the panophobist, who becomes terrified by the expressions of affliction.

12th OBS. A young husband, being persuaded that he was the cause of his wife's unhappiness, made various attempts to destroy himself. His

desire to commit suicide became still more determined, in proportion as his wife's sorrow and despair increased. Separation from his home was enough to dispel his uneasiness, and to persuade him that his illness alone was the cause of his wife's distress.

13th OBS. "I am an object of terror to my wife and children," a maniac, who was miserably unhappy during the paroxysms of delirium, often said to me, "the sight of them throws me into despair, on account of the wrongs I do them; if my delirium obliges those who have the care of me to put me in chains, let them take me to an hospital; I should not survive my grief if my wife were obliged to permit a treatment like this at my house, however necessary it might be." This patient had paroxysms which lasted three or four months. During that time, and even for some weeks afterwards, he neither wished to see his wife nor children, their presence was so painful to him.

I have seen some insane persons, particularly monomaniacs, whose impatience and delirium were aggravated by the excessive attentions of their relations. "Oh! mother, how you torment me! I shall never get well near you," a lypemaniac frequently repeated, worn out by the incessant questions of his mother, who asked him every minute how he did, and if he paid attention to the regimen and treatment which had been prescribed for him.

## SECTION 2.

*On the Utility of Confinement.*

Having proved the necessity of Confinement, it remains for me to shew its utility. I shall again recur to the intimate and reciprocal relations which exist between the understanding and affections of the insane; and which are never entirely destroyed in mental diseases.

Every one has experienced that indescribable feeling which overpowers us, when we are suddenly torn from our habits and affections. When the insane are withdrawn from the influence of the persons with whom they lived, they feel, at the first moment of their confinement, a sudden astonishment, which turns aside their delirium, and renders them susceptible of new impressions

14th OBS. Mademoiselle de B\*\*\* twenty-seven years of age, tall, of a neuro-sanguineous temperament, and of a lively but sweet disposition, was tenderly attached to her mother, whom she had never left. After a somewhat violent disagreement she became sad; her menses became irregular, and at the expiration of two months she was seized with a fit of madness. During her delirium she conceived a great aversion towards her mother, and loaded her with reproaches and abuse. At times she tore her clothes, broke the furniture, uttered violent screams, and

wished to leave her home. With this general delirium hysterical symptoms manifested themselves. A month afterwards she was confided to my care. Delirium was now general, with libidinous language ; she became desirous of the company of men and spoke against her mother. Many times in the course of the day her face became animated, her eyes sparkled, her speech was quick, and her loquacity continual. Convulsions came on, with constrictions about the throat ; she screamed, flew into a passion, rolled upon the ground, &c. &c. After seven months she experienced so violent an attack of hysteria that her life appeared to me in danger for many hours. With the calm which followed this attack the delirium seemed to have diminished, and appeared only occasionally on the following days. After the expiration of a fortnight, mild small-pox made its appearance. As soon as the desquamation had ceased, the young lady returned to the bosom of her family, as reasonable and as amiable as before her illness. She continued quite well until the same period of the following year, when she experienced loss of sleep, reproached her mother, spoke much, became agitated, and left her bed in order to be better heard by her mother, who tried in vain to calm her, and to persuade her to lie down. Frightened at these fresh occurrences, her mother took post horses, four hours after the fresh



attack, came to Paris, and confided her to my care. She spoke much, especially against her mother; ate little, and appeared tormented with thirst. In the evening she perceived the absence of her mother, and asked me where she was. "Your mother has left," I said to her, "and you will remain with us until your health be re-established." The countenance of the young lady immediately changed; instead of being animated she became sorrowful, her loquacity ceased, and she passed a tranquil night, although without sleep. On the following morning she appeared ashamed, shed tears, regretted the absence of her mother, and expressed a desire to return to her family. It is easy to perceive that the attack was cut short, for on the third day after her admission she received a visit from her mother, and obtained a promise that she should be allowed to return with her the next time she came. After the expiration of twelve days she returned to her family.

15th OBS. M. N\*\*\*\*\* at fifty-six years of age, of a very nervous temperament, and of a spare habit, having experienced great reverses in his political situation, gave himself up to study, and enervated his mind by too earnest application. At the beginning of winter he was attacked with monomania, and was entrusted to my care. His loquacity was interminable: he wrote incessantly, and was full of the desire to purchase into the funds, although he

had great landed property, and had never entered into any such speculation before. After six months attention at home, he was recommended to travel; which, in three months, confirmed the happy termination of this first attack. Four years afterwards, at the same time of the year, the beginning of winter, he came home, and told his wife, in a very satisfied manner, that he had just bought public stock to a very considerable amount. His wife, who had perceived for some days before that her husband was agitated, and had had less sleep than usual, persuaded him to travel. On the very next morning they set out on their journey, the purchase of stock was forgotten, and in a few days he recovered his health.

The new impressions which the insane receive, when they are separated from their friends, produce fresh ideas, and break the vicious chain of those which characterize their delirium. The novelty of the impressions attracts, fixes, or excites their attention, which then resumes its power over the understanding; and if the illusions of the senses, or if the hallucinations are not destroyed, their influence is at least suspended, for a greater or less period. Not knowing the persons with whom they all at once find themselves; nor knowing what to think, hope, or fear, from the strangers with whom they are told they are to live; they seek to study their characters in order to know how to behave towards them. Thus the first

effect of confinement is frequently to make the insane more calm, and sometimes more reasonable ; and it lasts as long as the newly received impressions. So that the first moments of confinement are very valuable to the medical attendant who knows how to profit by them ; and it is from this moment that, with some patients, the cure begins.

16th OBS. M. B—— forty years old, of a neuro-sanguineous temperament, very susceptible, and of a melancholy character, who had made his own fortune, which was considerable, was occupied with speculations, and was making great preparations for the coronation of Buonaparte, when he received a slight contradiction, which wounded his self-love. He was attacked with fever, which lasted a fortnight. On the next morning, delirium, agitation, and frenzy came on : four days afterwards he threatened the life of his wife and that of his children, whom he wished to throw out of the window. He was taken by his medical man to an asylum, where he was lodged in a room on the ground floor, in which there was no furniture but his bed. He was left there alone, but watched by domestics, who were stationed on the outside. He had no sleep, but was calm, with abundant perspiration. On the morning he put constraint upon himself, “ not wishing to be taken for a madman ; ” but the delirium returned at intervals. During the paroxysm, he was loquacious, walked in a hurried man-



ner, and was sometimes dejected. On the third night he slept, and on the fourth day of his confinement, he asked for his wife and children, and promised entire submission. On the ninth day he received his wife's visit, and welcomed her with transport: he now gave a perfect account of the cause of his illness, and of the lively impressions that restored him to health. A little loquacity remained, without any trace of delirium. He was taken to his family on the same day; but instead of going into the country, as had been agreed upon, he begged and entreated to go to his own house. He had scarcely entered it when he became agitated, flew into a rage, and uttered reproaches, declaring that he would never see his medical man, who was an old friend of his, again. By degrees he became more quiet, interested himself in his affairs, and occupied himself with them as if nothing had happened. On the following morning he went to his notary, and declared to him that he wished to be divorced, because his wife wanted to pass him off for a madman. Although his undertakings were numerous, and rather hazardous, he directed them with the greatest success, without any person suspecting the state in which he was, although he had frequent communication with all ranks of society. He did not fail to go every week to his notary, to follow up the action of divorce. After the expiration of three months, some important business being concluded, he



went to his notary, and asked him, in an animated tone, for his divorce. To morrow, the latter answered, the legal notice will be set up. The convalescent, as if awaking from a long dream, exclaimed, "Could you believe that I wished to leave my wife? Did you not understand that I was still mad?" The notary threw himself into his friends arms, and assured him that he knew it was so, and that he had taken no steps in his divorce. From that period his health remained perfectly good.

This gentleman has since declared to me, that his removal to a strange house made a deep impression upon him; that he passed a miserable night for fear they should believe him mad, and that this fear had restored him to reason. If he behaved ill to his wife and medical attendant it was because his cure was not complete, when he was restored to his family and business.

17th OBS. Mademoiselle \*\*\*\* of a lymphatic constitution, of an amiable and gentle disposition, excessively sensitive, at thirty years of age was abandoned by her lover, who left her just before her confinement. She became dejected and melancholy. After some months she lost her infant, and was robbed of the money for her lying in and house keeping. Her distress arrived at its height, and menstruation, which had been irregular, entirely ceased. In the month of September, 1804, she was attacked with maniacal

delirium, and after ten days was sent to the Salpêtrière. Her face was generally very red, although sometimes pale ; eyes bright and sparkling ; tongue white ; and lips dry and brown. She did not recognise her relations, and her agitation was very great, with cries, accompanied by menaces, blows, and frenzy ; there had been constipation of the bowels for many days. When she was removed to her new habitation, and saw only her bed and the four walls, she looked around her with astonishment. The attendants took off her clothes and left her, stupified at what had just happened to her. The calm of astonishment succeeded her agitation ; she did not answer the questions that were addressed to her ; and she repelled the consolation that was offered to her. When M. Pinel paid his visit, on the following morning, she listened to him, and was reasonable and tranquil. On the third day she testified the greatest hope, and expressed her delight at the great change which had taken place in her health. She was then removed to the convalescent side. On the fourth day she had light sleep, with scarcely any delirium ; she was calm, and there was an appearance of menstruation. On the fifth day the menses diminished, but were restored by the foot-bath ; abundant perspiration occurred during the night. On the sixth day there was no trace of delirium ; copious perspiration continued during the night, with a feeling of lassitude for want of exercise.

Menstruation was abundantly established, and she was restored to her relations at the end of the month, without any other treatment than some tepid baths, and acidulated drinks. The impression which she experienced, on finding herself alone in a strange place, had begun the cure of this patient from the very day of her admission.

18th Obs. Madame \*\*\*\* hereditarily predisposed to insanity, at nineteen years of age, was happily brought to bed of her first child. Eight days afterwards a trifling unpleasantness, (the departure of her midwife,) was followed by a stoppage of the lochial discharge. Delirium broke out, she was bled, and leeches were applied; but her agitation increased, with general delirium, which was augmented by the presence of her husband. After some days I was consulted, and advised confinement. A house, with a garden, was hired in the Champs Elysées, and the patient was established there. At her own house she had been much agitated, and cried incessantly, refusing every attention, and it was with the greatest difficulty they could keep her within bounds, even with the waistcoat. From the day of her removal she became calm, offered less resistance to her food, and had some moments of sleep during the night. On the following morning the delirium decreased, she was more attentive to the objects around her, and more accessible to the advice which was given her. On

the second day of her confinement she sometimes spoke of her husband and relations, but continued to walk in the garden in a hurried manner, occasionally uttering piercing cries. This was followed by sleep, and her bowels were moved by the aid of injections. On the eighth day she earnestly asked for her husband. A visit was allowed, and she passed half an hour with him very quietly; but soon afterwards she became agitated, her imaginations began to wander, and delirium manifested itself. She now became nearly furious, her husband was obliged to retire, and confinement was renewed with the same vigour. At the expiration of twelve days fresh visits were allowed, and far from being injurious to the patient, they confirmed her restoration to perfect health.

The privations which confinement enjoins give rise to moral effects, highly advantageous to the cure. We have all felt the effects of absence, and have experienced the desire to again behold objects which have become more dear to us by our being deprived of them. The same phenomenon is observed amongst the insane during their confinement. The absence of persons who have become indifferent, or even odious, to them, during their illness, awakens old affections, which had been weakened, perverted, or extinguished, and substitutes other ideas in the place of the prejudices and avertions produced by delirium. Ennui becomes, during confinement, an active feeling,



which usefully reacts upon the thoughts and affections of the insane. When it is not carried too far, and is not too great, it awakens a desire to change a situation which is unpleasant, and gives new and healthy activity to the intellectual and moral faculties.

19th OBS. Madame \*\*\* twenty-seven years of age, met with some severe troubles after a favourable confinement, and became lypemaniacal, refusing all kinds of nourishment, and repelling the attentions and consolations of her husband and family, and declaring incessantly that she was lost. She became very weak and emaciated, and after a month's ineffectual treatment was separated from her friends, and entrusted to my care. During the first days of her confinement, every means likely to console her and inspire her with confidence were tried, but without effect; I then determined on leaving her to her own reflections. She now expressed a desire to return to her friends, "When you behave like other people, and take your food properly, your relations will come to see you, and take you home," was repeated to her every time she asked for her friends. At the expiration of a fortnight she left her apartment of her own accord, and made up her mind to live as the rest of the patients. When I asked her reasons for this sudden change, she replied, "I have been dreadfully wearied during the last fortnight, and I can bear it no longer; I am determined to do like the rest of the establishment,

and unless my friends make good their promises of taking me home, I shall die of ennui." It is hardly necessary to add, that her restoration was speedily accomplished.

Insane persons are generally convinced that they enjoy good health; and indeed that they were never better in their lives. This conviction induces them to repel every kind of care and attention, and to refuse every sort of regimen with great obstinacy. Some of them, being desirous to torment their relations and friends, do every thing that is injurious to themselves, without regarding either the prayers or tears of those who beg them to take care of their health. They look upon the advice of medical men as nonsense and mystification; and sometimes consider it outrage and persecution. What member of the family will dare to contradict the depraved and perverted tastes of the patient who is so convinced? Who can oblige him to refrain from food, drink, or acts likely to increase his disorder? Which of his relations will dare to make him take the medicine which he rejects, as much from the conviction that it is useless, as from the certainty that it will be injurious to him? What a mother, wife, or friend cannot accomplish, however, is easily effected by strangers.

When the insane are removed from their home and friends, they are sometimes much overcome with fear

at finding themselves in an unknown place, and surrounded by strangers. If this feeling do not amount to terror it produces prompt and salutary effects. It acts like a sedative, by moderating the nervous excitement; and, by calming the patient, it disposes him to be more easily acted upon by the new influences to which he is subjected. It also renders him more conformable to the advice which is given him. Suspicious and mistrustful patients, especially in lypemania, fancy themselves deserted by their relations and friends; and they sometimes persuade themselves that they are doomed to severe treatment, punishments, trials, and experiments. Attention to their wants, anticipation of their wishes, assurances of a happy future, and a promise that they shall soon regain their liberty, raise them from despair to hope and confidence. The contrast between their imaginary desolate situation, the apprehension of an unhappy fate, and the kind attention of strangers, produce an internal struggle from whence reason victoriously arises.

20th OBS. M. \*\*\* of a sanguineous temperament, fifty-eight years old, becoming melancholy at the end of the revolution, from the loss of his rank and fortune, was living retired in the country. His wife often pressed him to pass the winter in Paris, but he refused. At length he yielded to her entreaties, in hopes that a more active life would dissipate his melancholy.

The contrary was the result; Paris revived all his former remembrances, and aggravated his grief. A trifling contradiction disturbed his reason. He was bled, and cold baths were prescribed, but they were obstinately refused. After having exhausted every means of persuasion, they had recourse to restraint. He became furious, being convinced that his family wished to kill him. From that period he tried every means to destroy himself, and endeavoured to throw himself out of the window. They persisted in making him take cold baths daily, which were followed by fresh struggles, and violence. He was fixed to his bed, and kept there for a week, during which time he refused all kinds of nourishment. At length he was removed from home, and entrusted to my care. His eyes were hollow and haggard, his face was discoloured and convulsed. He maintained the most obstinate silence, sighed, and shook with terror as soon as any one approached him. I spoke to him with kindness, expressed a desire to be useful to him, and promised to restore him to health and happiness. During the time I was speaking to him, he repeated, or rather stammered, some words without meaning, refused the food that was presented to him, and threw himself on his bed. An old soldier now became his servant, who talked to him of war, campaigns, and military service. After several hours of warlike anecdotes, to which the patient made no reply,



the servant ventured to offer him some broth, which was accepted and taken, although not without considerable agitation. From the third day of his confinement I ordered a bath, to which the patient consented, but on going into it his whole frame was expressive of terror; one would have thought he had been a criminal going to execution. After being half an hour in the bath, conversing on interesting subjects, he appeared less uneasy, accepted the food that was offered to him, and promised to allow himself to be taken care of. In fact from that day he took a slightly laxative drink, and the tepid baths were prolonged. On the sixth day he received a visit from his brother, who promised that they should set off for the country as soon as he was strong enough. Convalescence was no longer doubtful, he sought society and employment, walked out of his own accord, and at the expiration of a fortnight reason was perfect. This gentleman has since assured me that he believed himself doomed to the severest punishments, and that the distress of his relations justified his anxiety. The kind attentions which he received in the house in which he had been placed, at first increased his fears, but they afterwards subsided.

It will not be necessary for me to point out in this place all the circumstances that concur to prove that confinement is a great means of curing insanity; I have only attempted to point out its utility, and I believe I

have attained that end by the foregoing observations. I could have cited a far greater number of them; but from what precedes I am led to the following conclusions:—

THE INSANE OUGHT TO BE CONFINED :

1. For their own security, for that of their families, and for the maintenance of public order.
2. To remove them from the influence of the external causes which have produced their disorder, and may be likely to protract it.
3. To overcome their resistance to curative means.
4. To submit them to a regimen appropriate to their situation. And,
5. To make them resume their moral and intellectual habits.

I have then proved two things, the necessity and the utility of confining the insane; but here begin the objections: If the patient is furiously mad every body understands the necessity of confining him, as much for his own safety, as for that of his family. His understanding is so disturbed, and his moral affections so perverted, that he will scarcely perceive the change of situation. We have seen that this opinion is correct in the greater number of cases.

In fatuity all the faculties are so weakened, that the patient is indifferent to every external impression, and neither suffers from the change of situation, nor

from the absence of his relations, since it is without regret and without repugnance that he is separated from them.

But shall we confine the insane patient, who enjoys a great portion of his reason, who has only partial delirium, and who retains almost all his moral sensibility? Will not the opposition which he is about to experience deprive him of that portion of intelligence which remains? Is it not cruel to deprive a patient of the attentions of his family, and to separate a miserable being, who is loaded with grief, from the objects of his affections? Shall we remove the panophobist from the relations and friends whom he regards as his natural protectors, and deprive him of his liberty who is afraid of the police, prisons, chains, &c. &c.? How many more objections may not be made? Experience has answered and has proved, that the insane rarely get well in the midst of their own families, and that their cure is more rapid and more certain when they are treated away from home. We dread the contact of their companions in misfortune, lest, by imitation, the ideas and actions of those already in confinement should augment their delirium. We are afraid that patients in this state may experience the same shock which is felt by other persons, forgetting that their sensibility is perverted, and that they do not feel like persons enjoying the plenitude of health. But who will dare to assert that confinement

has never been prejudicial? I frankly own that it sometimes is so; for it partakes of the nature of those things, the best of which are not always free from inconveniences. What must we then conclude? That confinement should not be abused, that we should not apply it too generally, nor too exclusively; and that it should be prescribed only by the experienced physician.

Every patient who is delirious ought not to be confined; for acute and febrile delirium often puts on the appearance of insanity. It is easy to be imposed upon in this respect; and the error is not a trifling one, for it compromises the health of the patient, and exposes the medical attendant to censure. When we are called to a patient who is delirious, we ought not to be in a hurry to give an opinion. I have attended some cases in which I have objected to confinement, although it appear highly necessary, on account of the violence of the delirium. This precaution would be superfluous at the commencement of a second attack of madness, or of intermittent insanity, and it would be prejudicial when there is a tendency to suicide.

It does not follow that confinement should be prescribed for all insane persons; for if the delirium is partial or transitory; if it relates only to objects of indifference, and is unaccompanied with violent passion; if the patient has no aversion to his home, nor to the



persons with whom he lives, and his delirium is independent of his domestic habits ; if his real or imaginary causes of excitement are not to be found in the bosom of his family ; if the fortune or life of the patient, or of his friends, are not compromised, and he submits to the proper means of cure ; in all these cases confinement may be useful, but is not indispensable. If the patient, retaining a large proportion of his intellect, has a great attachment to his relations, it is to be feared that confinement might aggravate the disease.

Confinement is indispensable in mania, and also in monomania, when the patients are actuated by pride, love, or jealousy. Lypemaniacs, who are full of imaginary terrors, such as panophobists, and patients with a tendency to suicide, should also be confined. The latter are cunning, and crafty, and know how to defeat the most active superintendence. Confinement alone can insure the preservation of their lives ; indeed it is always necessary to be on the watch for their safety.

Persons in a state of fatuity have only need of attention, and may remain with their friends unless peculiar circumstances, involving other parties, should render separation necessary ; a pregnant woman, who is easily excited, would run some risk, perhaps, in living constantly with a person in a state of fatuity, although he might be very quiet. The presence of

an insane-person, in a family composed of several children, especially young ladies, might become a predisposing cause of mental diseases, and confinement would be therefore necessary.

Idiots have nothing to hope from confinement : if they are shut up it is only to preserve them from the accidents to which their condition exposes them ; to remove them from the raillery of the ignorant, and to prevent their becoming the instruments which malefactors have sometimes made use of for criminal purposes.

The insane poor ought generally to be confined, as their relations are without the means of procuring proper attendance for them.

Whenever an insane patient, whatever may be the character of the disease, has been treated at home for a longer or a shorter period, his health requires that confinement should be tried, as one of the most powerful means of cure.

It is not easy to determine at what period confinement should cease, for those who have had experience in cases of insanity, have been tardy in giving an opinion on this subject. How many individuals, apparently cured, have relapsed by returning to their families too soon ! How many have become incurable by the same precipitation ! I can affirm, that I have seen many less accidents, and fewer returns of delirium, by protracting the confinement too far, than

by allowing it to terminate too hastily. Some individuals, after having entirely recovered their reason, are afraid to return to their friends; but the greater number of convalescents are very desirous to do so.

21st OBS. Mademoiselle C \*\*\* twenty-one years of age, very susceptible, of a sanguineous temperament, and of an ardent imagination, living in the delusions of the world, had fallen in love when very young. The gentleman whom she was to marry, being obliged to go into the country, she became dull and sorrowful, grew thin, and her menses ceased. After the elapse of some months, she fancied herself forsaken, became mad, and made several attempts to destroy herself. This attack lasted only two days: but during the following month she threw herself out of the window of the first floor, made several attempts to strangle and suffocate herself, and at length refused all nourishment. She was confined, and entrusted to my care. To all the entreaties that were used to induce her to take food, she replied, "I will not, until I have seen M. L \*\* without him life is hateful to me." Having exhausted all means of persuasion, to make her swallow a little broth, they prepared to use compulsion. "They dared not to do so at home," said she haughtily; "they will not attempt it here." Several women were introduced into her apartment, and received instructions to employ force. At first she resisted this threat, but as soon as she saw that

they were prepared to feed her, she consented to take what was offered. From that time she made no resistance to the treatment which her situation demanded. The delirium decreased progressively, and on the fifth day it had entirely disappeared. On the fifteenth day of her confinement she saw her mother, and begged for liberty. At first it was refused; but although I warned them, that as menstruation had not been established, a relapse was to be feared, she returned to her family, after having been absent from it twenty-five days. She was no sooner seated on her arrival at home, than she called out, "these walls and furniture make me miserable; how wrong I have acted to return!" Notwithstanding this, there was no delirium; but on the third day that also returned, and on the twelfth it was necessary to have recourse to confinement, which promptly restored reason. She continued to mend until the return of her menses; and this time her cure was lasting, and her health was never again impaired, notwithstanding a long train of disappointments and reverses of fortune.

22d OBS. A soldier, excessively lypemaniacal, having experienced the beneficial effects of confinement, enjoyed good health for seventeen days, when his wife was desirous of restoring him to his home, hoping by his usual avocations to confirm his health. The convalescent appeared quite well to his comrades,



and was received by them with delight ; parties were made, he was invited to celebrate his restoration, and the proper regimen was neglected. Soldiers generally drink freely, and he did not restrain himself ; so that in the evening of the next day he told his wife that he was apprehensive of a return of his late disorder, and on the following morning surrendered himself to confinement, and passed eight days in furious delirium.

Is it not necessary to allow all patients a longer or a shorter period for convalescence ? Is there not a great deal to be feared in permitting insane convalescents to be exposed to all kinds of indiscretions, neglects of regimen, and painful impressions, before the nervous system is quite restored ? Every one, who knows what power the association of ideas has with external objects, will understand what risks the insane run, by resuming their former habits too quickly. The first visits which they receive, whether from their relations or friends, always makes a lively impression upon them, and sometimes a pernicious one.

As confinement is not expedient for every insane person, so all patients ought not to be submitted to the same mode of confinement ; just as in other cases, the practitioner must vary his treatment according to the habits of the individual, and the period of the disease.

We partially confine an insane person by allowing him to remain in his own house, and removing his family, friends, and servants ; and we make his confinement complete by placing him alone in a strange house, and causing him to be waited on by persons unknown to him. But the sort of confinement to which recourse is more generally had, because within the reach of all persons, consists in placing the patient in a house set apart for the treatment of mental diseases.

Travelling with relations or friends has been useful in some cases of madness ; but it has been still more successful with strangers, particularly in monomania and lypemania.

I often prolong the confinement of convalescents, by making them travel ; and it is the best means of confirming their cure. It is an excellent medium between the deprivation of liberty, and the return to its entire possession ; between their separation from society, and their re-entrance into the world. This is not, however, the place to discuss the best means of confinement ; it has been enough for me to point it out. Reason and experience have proved both the necessity and the utility of this means of cure, when it is used with prudence and discernment.

Confinement having for its first object the privation of liberty, ought not the authorities to interfere in an act of so much importance ? Yes, without doubt ;

but to conclude from this that all the insane should be subject to interdiction would be erroneous. If the interdiction of the insane were required before their confinement, it would be more injurious to the patients than the discretionary and arbitrary powers to which they are now subject. In 1803 or 1804, M. Dubois, who was then Préfect of Police, introduced a measure which required that all insane persons should be interdicted before being admitted into an hospital or private asylum. I addressed a memorial to him, in which I pointed out the serious inconveniences of this measure, and it was ultimately abandoned.\* These are the reasons which I urged :

1. It is not always easy to determine, at the beginning of an attack of madness, whether the delirium is febrile or chronic ; and by a too sudden interdiction we may confine an individual who is only suffering under febrile delirium.

2. It is often necessary that the confinement of the insane should be immediate and unconditional, as soon as madness breaks out, either for the benefit of

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\* It is very desirable that all obstacles to the admission of the insane into public and private asylums should be removed. It is true this cannot be done without running some risk of incarcerating persons who are not fit objects for confinement ; but when it is considered how many cases of suicide are continually coming before the public, which by confinement might have been prevented ; and how many cases of insanity are rendered incurable by injudicious treatment at home ; it can hardly be doubted but that great advantage would result from removing all unnecessary impediments to the confinement of the insane. *Translator.*

the patient, the security of his family, or the public safety; and this necessity is still more urgent for those individuals who belong to the poorer or less fortunate classes of society.

3. Numerous facts prove that confinement alone has cured many insane persons, and that it has sometimes produced this effect instantaneously. Shall we then be deprived of this means of cure, which is the more useful the more promptly it is applied? And shall we lose valuable time in order to fulfil the formalities of an interdiction, which necessarily entails delay?

4. Should the interdiction be pronounced for every attack in intermittent madness? And ought the patient to be compelled to appear before the courts of justice every time to declare that he has recovered his reason, and to demand his liberty?

5. Shall we oblige a father or mother to cause the interdiction of their daughter, or a wife that of her husband, whilst it is their interest to conceal the existence of the disorder under which they are labouring? A marriage, partnership, or commercial undertaking, might be suspended during a temporary attack of madness, which would be entirely annulled if the interdiction were imperative, before the cure of the patient could be begun. A lypemaniac may be quiet and not likely to disturb public order, but his state is alarming, and, in his family, his presence may do much harm to his children, or other re-



lations. Shall they be unable to confine him without an interdiction ?

6. There are some insane persons so reasonable that it is necessary to live with them, and to follow them in every action of their life, before pronouncing them mad. Some of them know so well how to disguise their situation, and to justify their actions, that it becomes extremely difficult even for judges to pronounce whether they are insane or not. When the interdiction is adjourned for an indefinite period, the application of the means of cure is also put off, the disorder becomes aggravated, and the patient commits acts of violence, oftentimes dangerous both to himself and others.

7. The discussions of the Council of State on the Civil Code shew that the Legislature is desirous that the secrets of families should be respected ; and is fearful of adding to the grief, caused by this most distressing of maladies, by making it public. If we consult the articles 489 and 490 of the Code, we shall find that the only measure to be taken respecting individuals suffering under imbecility, fatuity, or madness, is the interdiction ; and it is not until that has been pronounced that we can legally take measures to insure the due administration of the means of cure required by these patients. At the same time the articles 490 and 491 do not give the right of demanding the interdiction to any but the

friends of the insane, or to the public minister when there is no husband or known relations. So that until the interdiction is pronounced, no one has a right to confine the insane. But, because a son is unwilling to urge the interdiction of his father, or a wife that of her husband, shall they be prevented from applying the proper means of cure to persons who are dear to them?

8. Persons in general have a great repugnance to interdiction; and it is much to be feared that if this formality be indispensable before a patient can be confined, many families will avoid, or at least delay the proper treatment. Who has not witnessed the inquietude of a family, the great precautions taken to conceal the madness of one of its members, and the mystery with which the medical attendant, under an assumed name, is introduced into the house?

Still we ought to have legal security that the situation of the insane should not be abused; as there are facts to prove that individuals of sound mind have been shut up, under the pretence that they were mad. But are these facts numerous? And in order to prevent these abuses, is there nothing but the interdiction to be resorted to, which I have proved will not only wound the feelings of families, but will also be an obstacle to the cure of the patient?

I have already stated that these considerations

caused the suspension of the measure which was introduced by M. Dubois ; but a law is still necessary, to regulate the confinement of the insane, and to legalize the intermediate acts between the attack of madness, and the interdiction. This law should have the same regard for the health of the insane, as the interdiction has for their fortune. I have had occasion to converse with many celebrated magistrates on this subject, all of whom have perceived the necessity of such a law, but have yielded to the difficulties which its reduction to practice presents ; fearing the dangers of compromising the cure of the insane, and wounding the feelings of families. The confusion which exists respecting the measures for obtaining the confinement of the insane, the prevention of the abuses which may be committed under pretext of madness, and the bad treatment to which the insane are exposed, make it desirable that the Legislature should at last interest itself on this subject. It has been very often engaged with the fate of prisoners, why should it continually neglect those unfortunate beings, who are afflicted with the most deplorable of all infirmities ? §

This law is so much the more necessary in France, because the measures vary according to the locality. In several departments it is only necessary to apply to the superintendents, in order to obtain

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§ See "*Mémoire sur l'état des aliénés, en France, 1817.*"

admission for an insane person into the hospital, house, or asylum, especially set apart for these patients. In some places the authority of the Mayor is necessary, because the establishment belongs to the Corporation; in others the signature of the Préfect is indispensable, because the establishment belongs to the department; whilst in a few departments the patient must be interdicted before his admission. This last arrangement is very objectionable, as I have already proved, and the following is an example in support of what I have before said on this subject.

23d OBS. M. \*\*\* aged 37, of a nervous temperament, who had formerly been a pupil of the polytechnic school, and was much given to study, after some extraordinary exertion, during the heat of the summer, in the country, was attacked with madness. He was immediately sent 30 leagues from his home, and taken to the house of the insane at Bordeaux. Here, however, he could not be received, for want of the interdiction, and he was sent sixty leagues farther, from whence he was conducted to Paris, when the weather was extremely hot. Three weeks were lost in this manner, and on his arrival at Paris the patient exhibited symptoms of paralysis, which had become complicated with madness. It is evident, that if he had been attended to, on his arrival at Bordeaux, the progress of the disorder would have been arrested, and it would



not have become complicated with this most fatal symptom. †

At Paris the conditions for the admission of the insane into the houses destined for them are various. They are admitted into the "Maison Royale, de Charenton," upon the requisition of the Mayor of the patient's residence. The insane enter the Bicêtre and the Salpêtrière provided, as for all other disorders, with a bulletin from the central *bureau*. This bulletin is necessary, whether the admission be demanded by the friends of the patient, or by the police; (the Préfct of Police, in virtue of an ancient law for the preservation of public order, collects from the streets all the vagrant and disorderly insane.) They are also received into these establishments, in urgent cases, without an order, and their admission is made regular afterwards. The form of admission is the same for Asylums; but it is made regular by the visit of two physicians, attended by a commissary of police, who confirm the mental state of the individual recently admitted. Every month a list of the admissions, into the different public or private establishments, is sent to the "*Procureur général*," who is authorized to establish an enquiry, when he has reason to suspect

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† It is necessary to explain, for the information of those who have not made insanity a particular object of study, that whenever paralysis is complicated with that disease no reasonable hopes of recovery can be entertained. *Translator.*

any violation of the liberty of the subject. In every case it is necessary that the patient should be provided with a medical certificate, stating the disorder of reason, and the necessity for confinement.

In nearly the whole of Europe, it is only necessary to apply to the heads of the establishment or hospital, into which it is wished to place the insane, in order to obtain admission. In most of the towns of Germany, it is required that the certificate which affirms the mental derangement, should be signed by the physician who is paid by the town. In England, the certificate of two physicians, surgeons, or apothecaries, stating the existence of madness and the necessity for confinement, is necessary, in order to confine an insane person. The parish authorities may also order the confinement of an insane pauper, the expense of which is paid by the parish. The Lord Chancellor, who, under the authority of the King, is the natural guardian of the insane in England, also orders their confinement, and appoints commissions for the administration of their property.\* An Act has been passed for England and Wales, appointing a commission of five physicians, members of the College of Physicians. This commission is charged

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\* A short time since Lord Brougham took an opportunity of correcting a commonly received opinion, that the Lord Chancellor is the natural guardian of the insane. He explained that it is only when applied to by their friends, for that purpose, that he has any authority over them. *Translator.*

with the immediate superintendence of every thing relative to the health and liberty of the insane: it has regular sittings, and renders an account of its proceedings to the Lord Chancellor.\* The Lord Chancellor of Scotland † exercises the same rights in that kingdom.

If, notwithstanding these difficulties, a law, relative to the confinement of the insane, be deemed necessary, its object should be, the health and liberty of the insane, since there are already laws in existence for the protection of their property, and the preservation of public order. This law, in order not

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\* Since the passing of the act, to which Esquirol here alludes, no less than three Acts of Parliament have been made on the subject. In 1828 an Act was passed "To regulate the care and treatment of the insane;" in the following year an Act was made to explain, alter, and amend the same; and in August, 1832, another Act was passed, to amend and consolidate the two previous ones. By this Act twenty Metropolitan Commissioners are appointed, who are invested with very extensive powers; so extensive indeed, that the present Lord Chancellor, on one occasion, declared them unconstitutional, and said they were only equalled by the powers of the Star Chamber, in this country, and by the Inquisition, in Spain. But it is evident, from the whole tenour of the Act, that the restoration of the insane has never been even contemplated by it. Of the twenty Commissioners not more than five can be physicians; and even in that capacity those only are eligible who are presumed to have little or no practical knowledge of insanity. That mischievous results have arisen from this arrangement is beyond dispute, for in more than one instance they have, (no doubt with the most benevolent motives,) directed the discharge of patients before their recovery was complete, and have thus driven to commit suicide, or rendered incurable, patients, who without such interference would probably have been restored to society. *Translator.*

† It is hardly necessary to state that there is no Lord Chancellor in Scotland: nor have the legal authorities precisely the rights over the insane, in that kingdom, as the Lord Chancellor has in England. *Translator.*

to militate against the cure of the insane, should leave to families the greatest possible independence, for fear of wounding the feelings, or even the prejudices of relations. It should define and generalize, for the whole kingdom, the most simple of those means of confinement, which are already in use in several departments. No individual, affected with mental disorders, should be confined, except upon the certificate of two physicians, stating the necessity of confinement; and in each department the members of the conseil de salubrité should visit the insane from time to time, during their sequestration, until the interdiction, if judged indispensable, should be pronounced. The visiting physicians should make a report of their visits to the president of the tribunal of "*première instance*." Several reasons induce me to name this magistrate. 1st. Because a tribunal of "*première instance*" exists in each department. 2d. Because the presidents of those tribunals are stationary magistrates, and consequently more independent. 3d. Because the laws have already confided to these magistrates every thing connected with paternal correction, a function which has a great analogy to that which would give them legal superintendence over the execution of the laws relative to the Confinement of the Insane.

THE END.



